

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82399

(0)

1. Corporation Name

CARR TROPHIES, INC.

Principal Place of Business

C/O WENDELL H. STEPHENSON
6203 WEST FAIRFIELD DR.
PENSACOLA FL 32506

Mailing Address

C/O WENDELL H. STEPHENSON
6203 WEST FAIRFIELD DR.
PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2895051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

STEPHENSON, WENDELL H.
6203 WEST FAIRFIELD DR.
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

ROBERT E. CARR

82 Street Address (P.O. Box Number is Not Acceptable)

6203 WEST FAIRFIELD DRIVE

83

84 City

PENSACOLA

FL

85 Zip Code

32506

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Robert E. Carr

(NOTE: Registered Agent signature required when reappointing.)

4/5/95

12. OFFICERS AND DIRECTORS

TITLE

DPS

STEPHENSON, WENDELL H.

STREET ADDRESS

P.O. BOX 43

CITY, ST, ZIP

HOLT FL

TITLE

DVT

CARR, ROBERT E.

STREET ADDRESS

P.O. BOX 43

CITY, ST, ZIP

HOLT FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

200001521572

-06/23/95--01018--008

****200.00 ****200.00

☐ Change ☐ Addition

D/P/V/S/T

CARR, ROBERT E.

P. O. BOX 43 (6203 West Fairfield Drive)

HOLT, FL 32564 (Pensacola, FL 32506)

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert E. Carr
ROBERT E. CARR

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

4/5/95 (904) 455-1277